

1.) CORPORATION NAME:

Virginia Association of Housing Counselors

DUE DATE: **9/30/2011**

SCC ID NO: **04903795**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MONICA JEFFERSON
601 S BELVIDERE ST.
RICHMOND, VA 23220**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 S BELVIDERE STREET

CITY/ST/ZIP: RICHMOND, VA 23220-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LUANNE GALLAGHER
TITLE: TREASURER
ADDRESS: 3804-A POPLAR HILL ROAD
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23221-

OFFICER

DIRECTOR

NAME: KIMBERLY R WALKER
TITLE: MEMBER AT LARGE
ADDRESS: DANVILLE RHA
POB 2669
CITY/ST/ZIP/CO: DANVILLE, VA 24541-

OFFICER

DIRECTOR

NAME: PAUL HARPER
TITLE: CONFERENCE COOR
ADDRESS: 401 MCINTIRE ROAD
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: MONICA JEFFERSON
TITLE: PRESIDENT
ADDRESS: VHDA
601 S BELVIDERE ST.
CITY/ST/ZIP/CO: RICHMOND, VA 23220-

OFFICER

DIRECTOR

NAME: CATRINA PAIGE
TITLE: SECRETARY
ADDRESS: BAY FAMILY HOUSING
POB 610
CITY/ST/ZIP/CO: URBANNA, VA 23175-

OFFICER

DIRECTOR

NAME: SHAWN WASHINGTON TITLE: ASST SECRETARY ADDRESS: VHDA 601 S BELVIDERE ST. CITY/ST/ZIP/CO: RICHMOND, VA 23220-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERICA SINGLETON TITLE: FINANCIAL SECY ADDRESS: ITHE IMPROVEMENT ASSOCIATION 1750 E ATLANTIC ST. CITY/ST/ZIP/CO: EMPORIA, VA 23847-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT A JACKSON TITLE: MEMBER-AT-LARGE ADDRESS: RRHA 901 CHAMBERLAYNE AVE. CITY/ST/ZIP/CO: RICHMOND, VA 23220-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MONIQUE JACKSON TITLE: MEMBER-AT-LARGE ADDRESS: HRHA 1 S ARMISTEAD AVE. CITY/ST/ZIP/CO: HAMPTON, VA 23669-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARGIE LEON TITLE: MEMBER-AT-LARGE ADDRESS: VA COOP EXTENSION 8033 ASHTON AVE, STE 105 CITY/ST/ZIP/CO: MANASSAS, VA 20187-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SHERNITA BETHEA TITLE: PAST PRESIDENT ADDRESS: HRPDC 723 WOODLAKE DR. CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BRENDA H DREW TITLE: FIRST VICE PRES ADDRESS: COUNTY OF SUSSEX POB 63 CITY/ST/ZIP/CO: WAVERLY, VA 23890-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LUANNE GALLAGHER	LUANNE GALLAGHER, TREASURER	8/23/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.